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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/736,385
Filing Date	December 15, 2003
First Named Inventor	Russell, Mark K.
Art Unit	1714
Examiner Name	Szekely, Peter A.
Total Number of Pages in This Submission	60
Attorney Docket Number	C51757 0421 (51879.0278.1)

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  U.S. Patent 4,394,291 U.S. Patent 4,325,837 Return Postcard
<input type="checkbox"/> Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Womble Carlyle Sandridge & Rice, PLLC		
Signature			
Printed name	Jeffery B. Arnold		
Date	September 29, 2006	Reg. No.	39,540

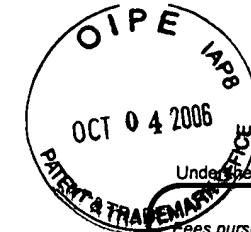
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Signature			
Typed or printed name	Ricki J. Moss	Date	September 29, 2006

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)-0-

## Complete if Known

Application Number	10/736,385
Filing Date	December 15, 2003
First Named Inventor	Russell, Mark K.
Examiner Name	Szekely, Peter A.
Art Unit	1714
Attorney Docket No.	C51757 0421 (51879.0278.1)

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 09-0528 Deposit Account Name: Womble Carlyle Sandridge & Rice, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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## FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues) Fee (\$) Small Entity Fee (\$)Each independent claim over 3 (including Reissues) Fee (\$) Small Entity Fee (\$)Multiple dependent claims Fee (\$) Small Entity Fee (\$)

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
20	- 20 or HP = 0	x 0	= 0		50	25

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
1	- 3 or HP = 0	x 0	= 0	0	0

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
N/A	- 100 = N/A	/ 50 = N/A (round up to a whole number)	x 0	= 0

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

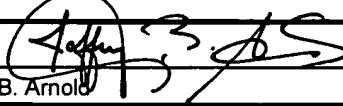
Fees Paid (\$)

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Other (e.g., late filing surcharge): \_\_\_\_\_

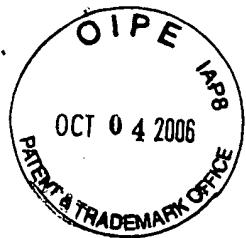
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## SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 39,540	Telephone (404) 879-2433
Name (Print/Type)	Jeffery B. Arnold		Date September 29, 2006

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## PATENTS

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: )  
Mark K. Russell et al. )  
Serial No.: 10/736,385 ) Examiner: Szekely, Peter A.  
Filed: December 15, 2003 ) Art Unit: 1714  
For: Phosphite Additives In )  
Polyolefins )

**AMENDMENT PURSUANT TO 37 C.F.R. § 1.116**

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Sir:

In response to the Final Office Action mailed July 31, 2006, Applicants respectfully request reconsideration in view of the following amendments and remarks.

**Amendments to the Specification begin on page 2 of this paper.**

**Amendments to the Claims** are reflected in the Listing of Claims which begins on page 4 of this paper.

**Remarks** begin on page 8 of this paper.

**Conclusion** is on page 14 of this paper.

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Mail Stop AF, Department of Defense, Washington, D.C. 20330.

Box 1450, Alexandria, VA 22313-1450  
  
Ricki J. Moss